

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS							10/517865	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	5	↓	↓	↓	↓	↓	↓	↓
TOTAL DEP.	116	↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	121	↓	↓	↓	↓	↓	↓	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS